

HEALTH POLICY BRIEF

RHODE ISLAND DEPARTMENT OF HEALTH

HIV/ AIDS: Why Women Are at Risk

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Safe and Healthy Lives in Safe and Healthy Communities

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Introduction

In 2000, 31.5% of adults in Rhode Island indicated they were at risk (either high, medium or low) of getting the human immunodeficiency virus (HIV).¹ The incidence of HIV and AIDS in women has become a serious threat to their health, especially among younger women.² Although the risk factors for HIV among men and women are the same, there are significant gender-based differences in the transmission, progression of HIV, and length of survival after diagnosis. These differences may not be sufficiently known to those at risk and may contribute to the growing rate of infections. Many women who may be at risk do not recognize that they are at risk.

Prevention, early screening, diagnosis and treatment are essential in reducing the incidence and spread of the disease.

What are HIV and AIDS?

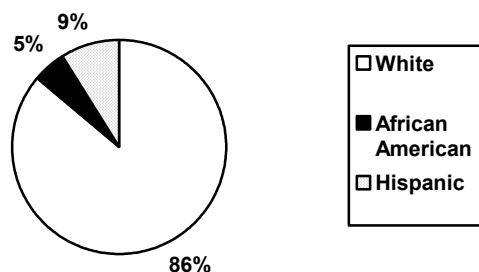
HIV (Human Immunodeficiency Virus) leads to the destruction of the immune system and the body's ability to fight infections and certain cancers. Untreated it can lead to AIDS (Acquired Immunodeficiency Syndrome). HIV is transmitted three ways: sexually, parenterally (blood-borne including transfusions or sharing needles) and perinatally during pregnancy, delivery and/or breast-feeding.

The Epidemic of HIV Among Women

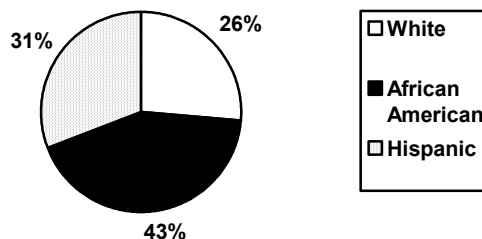
Nationally the proportion of AIDS cases among women has more than tripled from 7% in 1985 to 25% in 2001.³ The fastest growing segment of the population infected with HIV in the nation is adolescent and adult women.⁴ In Rhode Island during the three-year period of 2000 – 2002, there were 418 newly reported cases of HIV. Of these, 114 (27%) were women.⁵

Rhode Island African American and Hispanic women are disproportionately affected. They represent 14% of Rhode Island's female population, but account for 74% of newly diagnosed cases. (See Figures 1 and 2.) This is significant. African American and Hispanic men account for 55% of Rhode Island men diagnosed with HIV during this same period.

**Figure 1: Rhode Island Women
Racial and Ethnic Distribution
United States Census 2000**



**Figure 2: Rhode Island HIV + Women
Racial and Ethnic Distribution
RI Department of Health 2000-2002⁵**



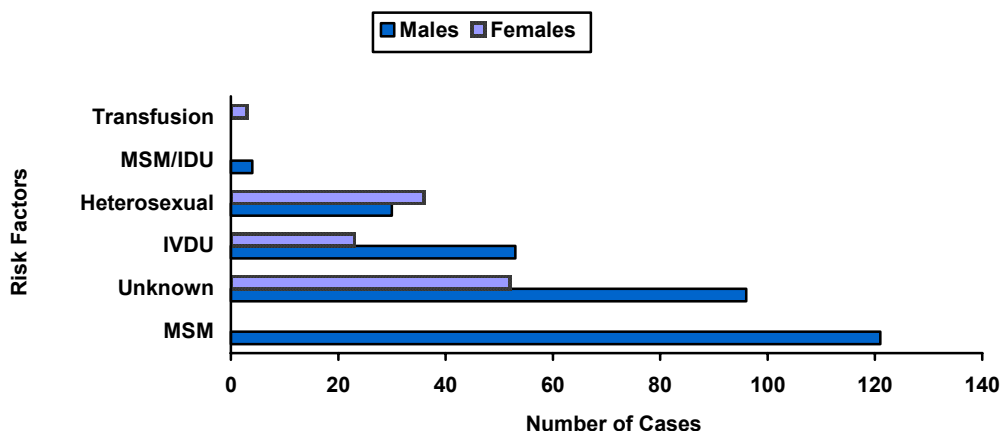
HIV Differences for Rhode Island Men and Women

Transmission of HIV for R.I. men is primarily due to men who have sex with men (MSM), and to a lesser degree associated with injecting drug users (IDU). For women, the most common method of HIV transmission is heterosexual contact. Transmission through IDU is significantly less as a primary risk factor for R.I. women than for men. (See Figure 3.) However, women who have partners that are bisexual and/or IDU are at significant risk.

Although the non-specific symptoms of low-grade fevers, night sweats, fatigue and weight loss are similar to both men and women, women are biologically more vulnerable to infection. Studies show that HIV-infected women are more likely than HIV-infected men to develop bacterial pneumonia, have higher rates of herpes simplex infections, and gender-specific manifestations such as recurrent vaginal yeast infections and severe pelvic inflammatory disease.^{3,6} These same gynecological conditions are more common, more serious and/or more difficult to treat in HIV-infected women than in HIV-negative women.⁶

Throughout the United States, women tend to be diagnosed with HIV later in the disease than men,⁶ and survive for a shorter period of time after diagnosis. Studies indicate that women whose HIV infections are detected early and who receive appropriate treatment survive as long as infected men. Appropriate therapy and preventive drugs can delay the onset of AIDS-related symptoms and prolong life.³ Early diagnosis is key.

Figure 3. Rhode Island Male/Female HIV Cases by Risk Factors 2000-2003



How Women and Girls are at Risk for HIV

Inadequate knowledge, inability to negotiate safer sex, and powerlessness to abstain from sex or to insist on male condom use make women and girls vulnerable to HIV.⁷ Some are at risk by what they think is an exclusive relationship with their HIV infected partners,⁸ and the relationship between HIV and domestic violence is well documented. The fear of violence can prevent women and girls from getting information, getting tested, or disclosing their HIV status and receiving treatment, even when they know they have been infected.⁷

Specialized Prevention Services Essential to Reduce the Incidence and Spread of HIV Among Women

Currently the Department of Health funds three HIV/AIDS intervention programs for women. They are Sojourner House, Progreso Latino, and ChisPA. Sojourner House staff train peer educators to deliver HIV prevention messages to groups of women and teenage girls through their domestic violence programs. Progreso Latino serves the Latina community with HIV prevention messages through a peer health education program and conducts six-week women's groups. ChisPA uses trained lay health workers to provide bicultural and bilingual outreach and HIV prevention education to women in the community.

However, about 30% of all individuals infected with HIV are unaware of their status.⁵ The Women's Task Force of the Rhode Island Community Planning Group, responsible for establishing priorities and providing direction for HIV prevention in Rhode Island, has identified three primary problems that put Rhode Island women at risk: powerlessness in relationships (and the correlation between HIV and domestic violence), isms (race, class and sex), and the unrecognized HIV risk among professional women who are unaware of the truth about their potential risk and do not receive appropriate prevention messages.

The Women's Task Force has highlighted the shortage of prevention services for women in the areas of sexism, negotiating skills and resiliency, the lack of culturally appropriate HIV prevention information, and a lack of resources. The Task Force has made several **policy recommendations**: (1) physicians should consistently offer **HIV testing** during obstetric/gynecological visits, (2) issues regarding **adolescent pregnancy, sexually transmitted diseases, and risky behavior** should be explored, (3) the relationship between **early onset of sexual behavior, physical and sexual abuse, and HIV risk** should be identified, and (4) the need for **staff training** in intervention programs about domestic violence and HIV/AIDS and community resources available to women.

Rhode Island Behavioral Risk Factor Surveillance System

The Rhode Island Behavioral Risk Factor Surveillance System (RI BRFSS) is a telephone survey of a representative sample of Rhode Island adults (ages 18 years and older). The survey has been performed annually since 1984 with funding from the federal Centers for Disease Control and Prevention (CDC), the lead agency responsible for national BRFSS estimates. Sampling and telephone interviewing are done by a professional survey organization under contract to HEALTH, with a sample size of 3,544 respondents in 2000. Data from the 2000 RI BRFSS are available on the OHS website: <http://www.healthri.org/chic/statistics/brsf2000.pdf>. For more information on the national BRFSS, visit the CDC BRFSS website: <http://www.cdc.gov/nccdphp/brfss>.



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For more information about HEALTH's HIV/AIDS Program, contact Lucille Minuto at 401-222-2320 or visit the HEALTH website at: <http://www.health.ri.gov>.

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